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PREVENTION OF DEFECTIVE VISION[1]

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The prevention of defective vision, and very often the preservation of any vision at all, begins with the birth of the child. As soon as its head is born, the nurse should make it her duty to wash the eyes with a weak boric acid solution. The secretions of even a healthy vagina may be irritating enough to cause a mild conjunctivitis. To prevent more serious trouble the nurse should make it a routine practice to apply some silver preparation at the earliest possible moment. Silver nitrate, 1 or 2 per cent solution, followed by normal salt solution to neutralize the irritating effects of the silver solution, or argyrol 10 or 15 per cent, are most commonly used. In Germany, and in many of our own states, this is made compulsory by law. In individual cases, these silver solutions may be irritating enough to cause a mild conjunctivitis, characterized by a mild watery discharge, but this will subside in a few days and should not be considered an objection, in view of the possibility of blindness which perhaps was avoided.

Fully one-third of blindness and some authorities claim a much higher percentage, is caused by the Neiszer germ, or the gonococcus. This germ lives, develops and thrives only on a moist mucous membrane, as for instance, the lining membrane of the vagina, the conjunctiva, etc. When a woman suffering with gonorrhea gives birth to a child, there is a possibility of this gonococcus being deposited on or in the eyes of the child. It is easily destroyed or washed off as long as it is on the margin of the lids, but after it has once begun its destructive work it is not so simple a matter, and the child's eyesight can only be saved by the most vigorous treatment. Everything then depends upon the nurse's faithful work, and the doctor's orders must be carried out to the letter.

It would take too long to go into detail about this dreaded eye affection, ophthalmia neonatorum, but I wish to call attention to its most prominent symptoms and the usual treatment:

The first indication of trouble is a slight watery discharge and redness of the eyelids. This discharge gradually becomes more profuse and then purulent. At the same time the eyelids begin to swell. If only one eye is affected, the nurse should try to prevent infection of the other eye by letting the child lie on the affected side and by tying down its hands to keep it from rubbing its eyes and thereby carrying infection from the diseased to the well eye. Perhaps the doctor will seal up the well eye, but it should then be inspected carefully for infection several times daily, so that treatment may be begun as soon as possible. The treatment consists of eye irrigations, frequent enough to keep the pus washed out, thus preventing ulcers from eating into the cornea. Probably the doctor will order some silver preparation and perhaps ice applications. Two nurses will be needed to give the necessary care. A nurse in charge of a case of ophthalmia neonatorum should always consider the danger of infecting her own eyes, and should disinfect her hands thoroughly after every treatment, or, better still, wear rubber gloves.

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[1] Read before the Graduate Nurses' Association of Springfield.

Trouble of a lesser degree is sometimes caused by irritating substances of any kind gaining entrance into the child's eyes; for instance, maternal discharge during birth, oil from the first bath, soap, powder, unsterile water, ungentle manipulating when cleansing eyes, etc. A conscientious nurse will always bear this in mind.

During babyhood the eyes should be protected from wind and strong light. Mothers often make the mistake of having a baby carriage with a white, red, or any light colored shade. A dark green is the proper color.

Later, when the child makes its first conscious effort to write, draw or read, the time for more definite care has arrived. Often it is the teacher or school nurse who discovers that the child cannot see well, books are held too close to the face, or the child strains to see the writing on the blackboard. Defective vision is often betrayed by irritability, headache and listlessness during or after school hours. A child is often blamed for lack of interest in his studies, or is considered stupid when defective vision is the trouble. Many children suffer from bad eyesight, undiscovered, until the school nurse or medical inspector calls the parents' attention to the fact. The remedy lies in his having proper eye-glasses.

Some cases of defective vision are aggravated or are even caused by bad conditions in the school-room. The paper used for school books should be unglazed, blackboards should be black, not gray, the school-room should be well lighted with the desks placed in relation to the windows so that the light comes from the left side. If the child studies or reads at home, it should do so in a well-lighted room, by the window, or at night by a low light, well shaded, so that there will be no direct glare. The light should fall over the left shoulder or side, so that there will be no shadow on the paper.

As the child grows older it should be warned against reading in a moving train, street car, etc., or while lying on its back, as children are wont to do. Blurring of the words is an indication of eye fatigue. If any symptoms of eyestrain are discovered, the child should be taken to a competent occulist at once.

INFANTILE PARALYSIS

Michigan's publication, entitled *Public Health,* quotes from Simon Flexner's address before the New York Academy of Medicine as follows:

1. This is an infectious and communicable disease which is transmitted by diseased and healthy individuals. The virus leaves the body in the discharges of the nose, the throat, and the intestinal tract.

2. The disease attacks, by preference, young children and infants, and in caring for them the hands and clothes of adults may become contaminated. The adults may, in turn, infect other children. Cleanliness is therefore, the most important prophylactic measure.

3. The secretions of the nose and mouth are disseminated by kissing, coughing, and sneezing. Precautionary measures should be instituted to control these causes so far as possible.

4. Flies, which collect about the nose and mouth of infantile paralysis patients and even feed upon the intestinal discharges, carry the disease to unprotected food and to homes not protected by screens. Sick children should also be protected against the flies.

5. The early detention and isolation of the cases of infantile paralysis in all its forms and the control of the households from which they come, will necessarily have to be the chief measure in staying the progress of the epidemic.

6. The degree of the susceptibility of children to this disease is less than to the other infectious diseases, as measles, scarlet fever and diphtheria.

7. The average death rate in many epidemics has been less than 10 per cent.

8. A larger number of patients than usually supposed recover completely. The paralysis may take as long as several months, and in some instances even years, to clear up. A very small number remain hopelessly crippled.

9. There is no preventative inoculation or vaccination. Recovery is accomplished by a process of immunization which takes place during the acute period of the disease.